


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Substituted for Form 1449/PTO  INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use as many sheets as necessary)		Complete if Known <table border="1"> <tr> <td>Application Number</td> <td>10/573,398</td> </tr> <tr> <td>Filing Date</td> <td>March 23, 2006</td> </tr> <tr> <td>First Named Inventor</td> <td>Tim FIEDLER</td> </tr> <tr> <td>Art Unit</td> <td></td> </tr> <tr> <td>Examiner Name</td> <td></td> </tr> <tr> <td>Attorney Docket Number</td> <td>502902-229PUS</td> </tr> </table>		Application Number	10/573,398	Filing Date	March 23, 2006	First Named Inventor	Tim FIEDLER	Art Unit		Examiner Name		Attorney Docket Number	502902-229PUS
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Sheet	1 of 1														

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Examiner Signature	/C. Melissa Koslow/	Date Considered	04/21/2008
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